

says unless you are directly participating in an HMO's decision, you cannot be held liable. That is fair. Almost all the employers in my district back home hire a PPO or an HMO, they do not get involved in the decisions that they make and they are not responsible. They would not be liable. That will be in our bill as we bring it to the floor.

The DeWine amendment, Senator DEWINE from Ohio, a Republican, further restricted the ability to file class actions. The Warner amendment, JOHN WARNER, Republican from Virginia, had an amendment that will be in our bill. It caps attorneys' fees. The Thompson amendment, Senator FRED THOMPSON, Republican from Tennessee, will be in our bill, that requires exhaustion of appeal remedies before a cause of action can be brought. The Phil Gramm amendment, Senator PHIL GRAMM, Republican from Texas, clarified that nothing in the bill prevents independent medical reviewers to require plans or issuers to cover specifically excluded items or services. That will be in the Ganske-Dingell-Norwood-Berry bill.

There are a number of other important amendments that will be in our bill. One of them was the Santorum amendment, Senator RICK SANTORUM, Republican from Pennsylvania, defines fetuses born alive as persons under Federal law and makes them eligible for protection under the patients' rights bill. That will be in our bill. Furthermore, we have provisions in the Ganske-Dingell-Norwood bill that would help people afford health insurance. We have 100 percent deductibility for the self-insured, for their health premiums, as an example. We expand medical savings accounts. That was a significant compromise from the Democratic side.

We think that the cries that the sky will fall, the sky will fall that we heard in Texas but never happened, that premiums would go out of sight, that lawsuits would just multiply, there would be an explosion, none of that happened. We wrote our bill several years ago based on Texas law. The Congressional Budget Office estimated that the cost of this bill in terms of insurance premiums would be a cumulative 4 percent over 5 years. Our opposition bill based on the Breaux-Frist bill from the Senate would raise premiums about 3 percent cumulative over 5 years. That is about 1 percent difference. We are talking in terms of increased costs for our bill of somewhere in the order of one Big Mac meal per employee per month. Most people in this country think that that would be well worth it in order to know that their insurance will actually mean something if they get sick.

There certainly has not been any explosion of lawsuits in Texas which our bill is modeled after. There have just been a handful. Several of them involve health plans that did not follow the law, demonstrating that there is a need for some type of enforcement. But a

health plan ought to be liable if they are not following the law. There is a health plan in Texas that had a patient in the hospital who was suicidal, the doctor said the patient needed to stay in the hospital, the health plan said, "No, in our judgment, he doesn't need to be there, we're not going to pay for it," the family could not afford it, they took him home, he drank half a gallon of antifreeze and committed suicide that night. That health plan did not follow the law, because the law said that if there is a dispute, you are supposed to go to an expedited independent review and they just ignored it. If there is not an enforcement provision in these bills that is worth the paper it is written on, then nothing else in the bill will be worth what it is written on.

We have over 800 endorsing and sponsoring organizations commending our bill, calling for its passage. This includes most if not all of the consumer groups, the professional groups. They have looked at this bill in detail. They have looked at the Fletcher bill in detail. They know that if the Fletcher bill became law, it would abrogate the advances that have been made in States around the country in terms of protecting patients, particularly in the States that have placed some responsibility, some legal responsibility, on HMOs, States like Texas.

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Now, Mr. Speaker, President Bush has issued a list of principles. We firmly believe that the Ganske-Dingell-Norwood bill meets those principles, especially after the addition of the amendments that were passed almost unanimously in the Senate.

The President has rightly been concerned about increases in costs. We think that our bill is affordable. The estimates by the Congressional Budget Office confirm that. Since the President during his campaign spoke glowingly of the patient protection bills in Texas, this is what we wrote our bill after. When I look at those seven points that the President said he would need to have for his signature, our bill meets those requirements.

Now, we are more than happy to work with President Bush on this, and our door is open. Members of our group have continued to discuss these items with the President. But it is time to move. It is time to get this legislation through the House and get it into the conference. We will be more than happy to continue discussions with the President on these.

I believe President Bush wants to see a Patients' Bill of Rights signed into law and this is the bill that meets his requirements, and it would just be a darn shame not to end up at the end of the day with a bill that meets those requirements, as we think our bill does.

Mr. Speaker, the Speaker of the House promised that we would have a vote on this patient protection bill before we left for our August recess. In

fact, we were supposed to have this debate last week. Then it was postponed to this week. The word is out now that we may not have this vote next week either before we go home for August recess.

I would just remind my colleagues that every day HMOs around this country are making health decisions that in many cases are life and death. Those decisions are affecting our family members, our friends, our colleagues, our constituents back home. There is no excuse for not moving ahead and allowing the will of the House to work.

This is supposed to be a democratic institution. Let us have a fair debate, with a fair rule. Sure, there can be amendments. And let us let the will of the people work, and let us move forward in a prompt manner to help patients and our friends get a fair shake from their HMOs and their health insurers in their time of need.

I expect that people will keep their word on this. If we do not have this debate next week, that would be a shame. We should at least move promptly in early September.

But I will tell you, to not bring this bill up because you just cannot have your way, because you do not have the votes, is what I would call a pocket veto without a debate, and I do not believe that is the democratic way that we should run this House.

Mr. Speaker, let us move to a prompt and fair debate on this bill, and let us get on with the people's business.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. LINDER (at the request of Mr. ARMEY) for after 5 p.m. today and the rest of the week on account of personal reasons.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

The following Members (at the request of Mr. OLVER) to revise and extend their remarks and include extraneous material:

Mr. DEFAZIO, for 5 minutes, today.

Mr. PALLONE, for 5 minutes, today.

Mr. DAVIS of Illinois, for 5 minutes, today.

Mr. LANGEVIN, for 5 minutes, today.

Mr. BROWN of Ohio, for 5 minutes, today.

Mrs. JONES of Ohio, for 5 minutes, today.

Mr. HOYER, for 5 minutes, today.

Ms. BROWN of Florida, for 5 minutes, today.

Mr. MATHESON, for 5 minutes, today.

Ms. CARSON of Indiana, for 5 minutes, today.

The following Members (at the request of Mr. DEMINT) to revise and extend their remarks and include extraneous material: